

May 9, 2002

Refer to:
MB:JF
MO WA 0178.90.R2.01

Dana Katherine Martin, Director
Department of Social Services
Broadway State Office Building
PO Box 1527
Jefferson City, Missouri 65102

Dear Ms. Martin:

I am pleased to inform you that your request to amend the Missouri Medicaid home and community-based service (HCBS) waiver that serves the Mentally Retarded and Developmentally Disabled (MR/DD), control number 0178.90.R201, who would otherwise require care in a ICF/MR Nursing Facility, is approved.

This amendment does not make any changes in services or the manner in which the services are to be provided. You are adjusting the number of slots for waiver years one (year 14) through five (year 18) of the current renewal. During the first year of the waiver (year 14) the State is proposing to reduce the number of available slots to 8147. This is based on a projected number of 8050 individuals continuing to receive services in waiver year 13. This number will increase for years 15 through 18 to 8323 unduplicated individuals served each following year of the renewal.

Your request to reduce the number of slots at the beginning of the renewal period is not material to any ongoing legal proceeding, investigation, finding, settlement, or similar circumstance. The State assures that the reduction in the number of potential participants will not create an adverse impact on current participants who will continue to have access to the same overall services existing prior to the renewal.

The costs shown in Factors G, G prime, D & D prime support the cost effectiveness of this waiver.

This waiver continues to provide Personal Care Assistance, Respite: In and Out of Home, Habilitation: Residential and Day, Supported Employment and Individual Supported Living, Environmental Accessible Adaptations, Transportation, Special Medical Equipment, Speech Therapy, Occupational Therapy, Physical Therapy, Behavior Therapy, Community Specialist, Counseling, Crisis Intervention, and Communication Skills.

We conclude that the information provided in the amendment request and in any additional clarifications supplied conforms to the requirements of the statute and regulations. Therefore, I approve the request for an amendment of the waiver effective July 1, 2002.

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The following estimates of utilization and cost of waiver services for years one through five are approved:

	<u>C</u>	<u>x</u>	<u>D</u>	<u>Total</u>
Year 1 (07/01/01-06/30/02)	8147		29,520	240,499,440
Year 2 (07/01/02-06/30/03)	8323		30,406	253,069,138
Year 3 (07/01/03-06/30/04)	8323		31,317	260,651,391
Year 4 (07/01/04-06/30/05)	8323		32,253	268,441,719
Year 5 (07/01/05-06/30/06)	8323		33,219	276,481,737

If you should have any questions, please contact Judith Flynn at (816) 426-3406.

Sincerely,

Richard P. Brummel
Acting Regional Administrator

cc: Greg Vadner
Debbie Shockley
Judith Flynn

bcc:
HCBS Waiver Team
Mary Jean Duckett
Vicky Wallace
Luce
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